

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10816380**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AD FILIO		ADULTITY ALZHEIMER		ADULTITY ALZHEIMER	
	CHD	DEP	CHD	DEP	CHD	DEP
1						
2						
3						
4		3				
5		3				
6		3				
7		3				
8		3				
9		3				
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45		3				
46		3				
47		3				
48		3				
49		3				
50		3				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	CHD	DEP	CHD	DEP	CHD	DEP
91		3				
92		3				
93		3				
94		3				
95		3				
96		3				
97		3				
98		3				
99		2				
60		3				
61		3				
62		3				
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99						
100						
TOTAL IND.	2					
TOTAL DEP.	140					
TOTAL CLAIMS	142					